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CONFIRMATION NO. 4867

<b>SERIAL NUMBER</b> 10/507,261	<b>FILING OR 371(c) DATE</b> 05/16/2005 <b>RULE</b>	<b>CLASS</b> 065	<b>GROUP ART UNIT</b> 3743	<b>ATTORNEY DOCKET NO.</b> ZOURS ET AL 1 PCT
<b>APPLICANTS</b> Claudia Zours, Bochum, GERMANY; Gerd-Peter Koppetsch, Dusseldorf, GERMANY; Robert Kramer, Dusseldorf, GERMANY;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP03/02430 03/10/2003				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 102 10 775.0 03/12/2002 GERMANY 202 04 747.4 03/12/2002				
** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 10
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 25889				
<b>TITLE</b> Support frame for relieving the vertebral column				
<b>FILING FEE RECEIVED</b> 655	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	